

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: SYSTEM AND METHOD FOR TRANSFERRING  
MONEY

Attorney Docket Number:: 020375-050800US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: J.  
Family Name:: Michelsen  
Name Suffix::  
City of Residence:: Arvada  
State or Province of Residence:: CO  
Country of Residence:: US  
Street of Mailing Address:: 8200 West 52nd Avenue  
City of Mailing Address:: Arvada  
State or Province of mailing address:: CO  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 80002

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Deborah  
Middle Name::  
Family Name:: Rex  
Name Suffix::  
City of Residence:: Parker  
State or Province of Residence:: CO  
Country of Residence:: US  
Street of Mailing Address:: 10638 Sedgwick Way  
City of Mailing Address:: Parker  
State or Province of mailing address:: CO

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 80134

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name::  
Family Name:: Saylor  
Name Suffix::  
City of Residence:: Castle Rock  
State or Province of Residence:: CO  
Country of Residence:: US  
Street of Mailing Address:: 7290 Forest Ridge Circle  
City of Mailing Address:: Castle Rock  
State or Province of mailing address:: CO  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 80108

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

### **Foreign Priority Information**

Country::                                      Application number::                                      Filing Date::

### **Assignee Information**

Assignee Name::                                      First Data Corporation  
Street of mailing address::                                      12500 East Belford Avenue, Suite M21A2  
City of mailing address::                                      Englewood  
State or Province of mailing address::                                      CO  
Country of mailing address::                                      US  
Postal or Zip Code of mailing address::                                      80112